

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/643976
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	2					
TOTAL DEP.	41					
TOTAL CLAIMS	43					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
81	107		151			
82	142		152			
83	103		153			
84	104		154			
85	105					
86	106					
87	107					
88	108					
89	109					
90	110					
91	111					
92	122					
93	143					
94	144					
95	145					
96	146					
97	147					
98	148					
99	149					
100	150					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						